

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40234
40324

1. PLACE OF DEATH

County CamdenRegistration District No. 120Township RussellPrimary Registration District No. 5773City Hamilton(No. Hamilton)File No. 9Registered No. 9St. Ward

2. FULL NAME

(a) Residence, No. George Robert Williams

(Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Margaret Williams (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18th 1884

7. AGE YEARS 77 MONTHS 1 DAYS 14 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Dec 1st 1931 11. Total time (years) spent in this occupation 41 yrs

12. BIRTHPLACE (CITY OR TOWN) Rolla Mo. (STATE OR COUNTRY)13. NAME Robert Williams14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)15. MAIDEN NAME Pauline Stoltz16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)17. INFORMANT H. O. Warner (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Macabres Cemetery DATE Dec 3rd 193119. UNDERTAKER R. T. Broderick (ADDRESS) Macabres Mo20. FILED 12/21, 1931 Dr. G. J. Myers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2nd 1931

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19.

I last saw him alive on, 19. Death is said

to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Don't knowHad no attending Physician(suffered apoplectic attack)(cerebral hemorrhage)G. J. Myers

Other contributory causes of importance:

G. J. Myers

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify G. J. Myers Local Registrar(Signed) Macabres Mo, M. D.

(Address)

